

Health,
Welfare
Public
Service

300
7-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012763

STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 742

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Manchester TOWN Manchester				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Manchester	
c. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Homes for the Aged				Length of stay in lb 1 mo. 10		d. STREET ADDRESS (If outside, give location) Local	
3. NAME OF DECEASED (Type or print) First William Middle Thomas Last Powers				4. DATE OF DEATH Month March Day 10 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 13, 1870	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O.A.A.				10b. KIND OF BUSINESS OR INDUSTRY Pensioner		9. AGE (In years last birthday) 87	
11. BIRTHPLACE (City and state or country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Paris Henry Powers				14. MOTHER'S MAIDEN NAME Sarah Katherine Keeney			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Pine Crest Home for the Aged, Mo. Address Manchester,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arterio Sclerosis		DUE TO (c) Chronic Myocarditis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 331X							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2				
20c. TIME OF INJURY Hour 1:35 a. m. P.M. Month, Day, Year			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Feb 10/58 , to March 10/58 and last saw her him alive on Mar 8/58 . Death occurred at 1:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. M. Jensen (Degree or title) M.D.				22b. ADDRESS 1769 Del Norte Richmond Mo		22c. DATE SIGNED 3/10/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-10-58		23c. NAME OF CEMETERY OR CREMATORY Hardy Cemetery		23d. LOCATION (City, town, or county) (State) Bourbon, Mo.	
24. FUNERAL DIRECTOR Shanklin Funeral Home, Cuba, Mo.				25. DATE RECD. BY LOCAL REG. 3-13-58		26. REGISTRAR'S SIGNATURE Debert P. Danke M.D.	

(Licensed Embalmer's Statement on Reverse Side)

JN

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

V8 NOV 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
No Embalmer
Paul Shanklin
Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.